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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2008

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

B0801.70256US01

Application Number

10/712,391-Conf. #8225

Filed

November 12, 2003

For METHODS AND PRODUCTS FOR TREATING STAPHYLOCOCCAL INFECTIONS

Art Unit 1652

Examiner C. L. Fronda

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1,050.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____

- Applicant claims small entity status. See 37 CFR 1.27. 02/14/2008 EHAILE1 00000014 10712391
- A check in the amount of the fee is enclosed. 01 FC:1253 1050.00 OP
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the  applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number 48,207 attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

  
\_\_\_\_\_  
Signature

February 11, 2008

Date

Maria A. Trevisan  
Typed or printed name

617.646.8000

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 1 forms are submitted.

x02.09.08

## Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 11, 2008

Signature: 

(Nicole Millette Hawes)